



Optimal Care for Neurology

Evidence driven~Better outcomes~Lower cost

MANAGEMENT OF NEUROLOGY CONDITIONS

TIA or Minor Stroke

- ✓ Highest risk of progression to completed stroke is in the first 3 days.
- ✓ Emergent evaluation can reduce progression to stroke by 80%.
- ✓ Most frequent presenting symptoms are unilateral weakness or speech disturbance, each with 50% prevalence.
- ✓ Carotid stenosis and atrial fibrillation are the most common etiologies needing immediate attention.¹

Parkinson's Disease

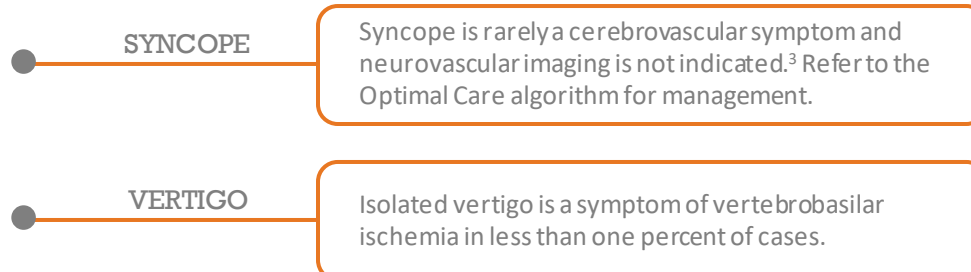
- ✓ Diagnosis based upon history/examination and brain imaging not routinely indicated.
- ✓ Tremor at rest and cogwheel rigidity reliably differentiates Parkinson syndromes from essential tremor.

MANAGEMENT AND DIAGNOSIS OF MIGRAINES

- ✓ MRI is indicated for new onset migraine over age 50 or significant change in migraine pattern.
- ✓ Prophylactic treatment is only used in 10% of migraine patients when indicated; these treatments prevent unnecessary utilization of ER and MRI.
- ✓ Migraine is underdiagnosed, criteria include:
 - ◆ Five headaches lasting 4-72 hours in a lifetime.
 - ◆ Severe enough to affect daily activities.
 - ◆ Associated with nausea or light/sound sensitivity.
 - ◆ Often misdiagnosed as sinus or muscle contraction headache.

ASYMPTOMATIC CAROTID ARTERY STENOSIS ²

- ✓ Ultrasound screening is not indicated.
- ✓ Medical therapy is superior to surgical therapy.
- ✓ 30-day stroke rate or death rate with carotid endarterectomy is 7%.



1. Sacco RL, Rundek T. The Value of Urgent Specialized Care for TIA and Minor Stroke. *New England Journal of Medicine*. 2016;374(16):1577-1579. doi:10.1056/NEJMe1515730

2. Lichtman JH, Jones MR, Leifheit EC, et al. Carotid Endarterectomy and Carotid Artery Stenting in the US Medicare Population, 1999-2014. *Jama*. 2017;318(11):1035. doi:10.1001/jama.2017.12882

3. Hanna EB. Syncope: Etiology and diagnostic approach. *Cleveland Clinic Journal of Medicine*. 2014;81(12), 755-766. doi:10.3949/ccjm.81a.13152